

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 20959/2210 (P 63647)	
		First Inventor Moszner	
Title DENTAL MATERIALS BASED ON ACRYLIC-ESTER PHOSPHONIC ACIDS			
Express Mail Label No. EV139569379US			

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450	
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 27] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications <i>(if applicable)</i> - Statement Regarding Fed sponsored R & D <i>(if applicable)</i> - Reference to sequence listing, a table, or a computer program listing appendix <i>(if applicable)</i> - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="checkbox"/>] 5. Oath or Declaration [Total Pages <input type="checkbox"/>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Unsigned c. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ </div>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: _____ Examiner: _____ Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label			or <input checked="" type="checkbox"/> Correspondence address below		
Name		Nixon Peabody LLP			
Address		Clinton Square, P.O. Box 31051			
City	Rochester	State	NY	Zip Code	14603-1051
Country	USA	Telephone	(585) 263-1601	Fax	(585) 263-1600
Name (Print/Type)		Joseph M. Noto		Registration No. (Attorney/Agent)	
Signature				Date June 25, 2003	

FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 750)

Complete if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Moszner
Examiner Name	To Be Assigned
Art Unit	To Be Assigned
Attorney Docket No.	20959/2210 (P 63647)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number 14-1138

Deposit Account Name Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ 750)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
17	-20** = 0	X	0
Independent Claims	1	-3** = 0	X
Multiple Dependent		X	0

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	410	2252	205	Extension for reply within second month
1253	930	2253	465	Extension for reply within third month
1254	1,450	2254	725	Extension for reply within fourth month
1255	1,970	2255	985	Extension for reply within fifth month
1401	320	2401	160	Notice of Appeal
1402	320	2402	160	Filing a brief in support of an appeal
1403	280	2403	140	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1,300	2453	650	Petition to revive - unintentional
1501	1,300	2501	650	Utility issue fee (or reissue)
1502	470	2502	235	Design issue fee
1503	630	2503	315	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))
1801	750	2801	375	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

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- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

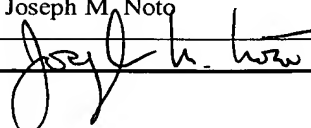
Date

Signature

Typed or printed name

SUBMITTED BY

Name (Print/Type) Joseph M. Noto

Signature 

Registration No. 32,163

(Attorney/Agent)

Complete (if applicable)

Telephone (585) 263-1601

Date June 25, 2003

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATE

DOCKET NO. : 20959/2210 (P 63647)

APPLICANT(S) : Norbert Moszner, Ulrich Salz, Frank Zeuner, Jörg Zimmermann,
and Volker Rheinberger

TITLE : DENTAL MATERIALS BASED ON ACRYLIC-ESTER
PHOSPHONIC ACIDS

Certificate is attached to the **Preliminary Amendment (6 pages)** of the
above-named application.

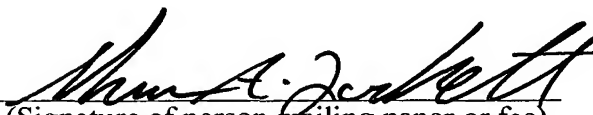
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Shawn A. Lockett

(Typed or printed name of person mailing
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(Signature of person mailing paper or fee)

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TITLE : DENTAL MATERIALS BASED ON ACRYLIC-ESTER
PHOSPHONIC ACIDS

Certificate is attached to the **Information Disclosure Statement, PTO-1449 Form (1 page) (in duplicate) and 5 references** of the above-named application.

"EXPRESS MAIL" NUMBER: EV139569379US

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TITLE : DENTAL MATERIALS BASED ON ACRYLIC-ESTER
PHOSPHONIC ACIDS

Certificate is attached to the **Fee Transmittal for FY 2003 (1 page) (in duplicate)** of the above-named application.

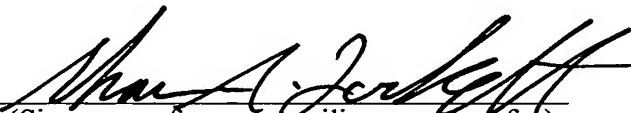
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PHOSPHONIC ACIDS

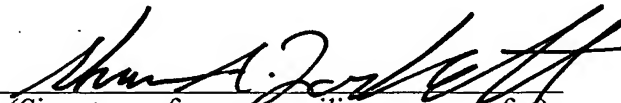
Certificate is attached to the **Specification, Claims, and Abstract (27 pages)** and the **Unsigned Combined Declaration and Power of Attorney (3 pages)** of the above-named application.

"EXPRESS MAIL" NUMBER: EV139569379US

DATE OF DEPOSIT: June 25, 2003

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Shawn A. Lockett
(Typed or printed name of person mailing
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TITLE : DENTAL MATERIALS BASED ON ACRYLIC-ESTER
PHOSPHONIC ACIDS

Certificate is attached to the **Utility Patent Application Transmittal Form**
(1 page) (in duplicate) of the above-named application.

“EXPRESS MAIL” NUMBER: **EV139569379US**

DATE OF DEPOSIT: **June 25, 2003**

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